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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 20402-00550-US4	
		First Inventor Yoshiaki Tanaka et al.	
		Title RECORDING MEDIUM AND AUDIO-SIGNAL PROCESSING APPARATUS	
		Express Mail Label No. _____	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 97] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 35] 5. Oath or Declaration [Total Sheets 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation
 ☒ Divisional
☐ Continuation-in-part (CIP)
 of prior application No.: **09/114,185**
 Prior application information: Examiner **N. Hindi** Art Unit: **2655**

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: 30678		OR <input type="checkbox"/> Correspondence address below	
Name _____			
Address _____			
City _____	State _____	Zip Code _____	
Country _____	Telephone _____	Fax _____	

Name (Print/Type) George R. Pettit	Registration No. (Attorney/Agent) 27,369
Signature	Date 8/27/03

22389 U.S. PTO

10/648446



08/27/03

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FEE TRANSMITTAL for FY 2003		Complete if Known																																													
Effective 01/01/2003, Patent fees are subject to annual revision.		Application Number	TBA (Div of 09/114,185)																																												
		Filing Date	Concurrently Herewith																																												
		First Named Inventor	Yoshiaki Tanaka et al.																																												
		Examiner Name	Not Yet Assigned																																												
		Art Unit	N/A																																												
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	20402-00550-US4																																												
TOTAL AMOUNT OF PAYMENT (\$)		750.00																																													
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																													
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account</div></div> <div style="margin-top: 5px;">Deposit Account Number: 22-0185</div> <div style="margin-top: 5px;">Deposit Account Name: Connolly Bove Lodge & Hutz LLP</div> <div style="margin-top: 5px;">The Director is hereby authorized to: (check all that apply)</div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div> <div style="margin-top: 5px;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>		3. ADDITIONAL FEES																																													
FEE CALCULATION																																															
<div style="font-weight: bold;">1. BASIC FILING FEE</div> <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750.00</td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right; font-weight: bold;">SUBTOTAL (1)</td><td>750.00</td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	Utility filing fee	750.00	1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					750.00
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1004	750	2004	375	Reissue filing fee																																											
1005	160	2005	80	Provisional filing fee																																											
SUBTOTAL (1)					750.00																																										

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims: 5

-20** = 0

Extra Claims: 0

Fee from below: 18.00

Fee Paid: 0.00

Independent Claims: 1

-3** = 0

Extra Claims: 0

Fee from below: 84.00

Fee Paid: 0.00

Multiple Dependent: =

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					0.00

**or number previously paid, if greater; For Reissues, see above

				SUBMITTED BY		Complete (if applicable)	
Name (Print/Type): George R. Pettit		Registration No. (Attorney/Agent): 27,369	Telephone: (202) 331-7111				
Signature:		Date: 8/27/03					